

General Information

Plan Sponsor _____ Plan Number _____

Division Number _____ Certificate Number _____

Member's Last Name _____ First _____ Initial _____

Effective Date*: _____
 (day) (month) (year)

* Effective date of change will be no earlier than the date this is received at Equitable Life® Head Office or at a date in the future specified by you.

Reinvestment Roll-Over Details

Please indicate the fund from which money is to be taken.
 As funds mature in the following

	Employer %	Member %	Member Voluntary %
• Guaranteed Deposit Accounts			
• 1 Year	_____	_____	_____
• 2 Year	_____	_____	_____
• 3 Year	_____	_____	_____
• 4 Year	_____	_____	_____
• 5 Year	_____	_____	_____

Please indicate the fund into which money is to be placed.
 Reinvest in the following Funds

Money Market & Guaranteed Investments

	Employer %	Member %	Member Voluntary %
• Daily Interest Account	_____	_____	_____
• Guaranteed Deposit Accounts (1 to 5-year terms)			
• 1 Year	_____	_____	_____
• 2 Year	_____	_____	_____
• 3 Year	_____	_____	_____
• 4 Year	_____	_____	_____
• 5 Year	_____	_____	_____
• Money Market Fund	_____	_____	_____

Canadian Fixed Income Funds

• Accumulative Income Fund *	_____	_____	_____
• Canadian Bond Fund	_____	_____	_____

Canadian Balanced & Asset Allocation Fund

• Asset Allocation Fund	_____	_____	_____
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Foreign Fixed Income & Balanced Funds

• Equitable Life Templeton Global Bond Fund	_____	_____	_____
• Equitable Life Trimark Global Balanced Fund**	_____	_____	_____

Canadian Equity Funds

• Canadian Stock Fund	_____	_____	_____
• Common Stock Fund *	_____	_____	_____
• Equitable Life AIM Canadian Premier Fund**	_____	_____	_____
• Equitable Life Bissett Dividend Income Fund**	_____	_____	_____
• Equitable Life MB Canadian Equity Value Fund	_____	_____	_____

Foreign Equity Funds

	Employer %	Member %	Member Voluntary %
• American Growth Fund	_____	_____	_____
• Equitable Life Mackenzie Universal U.S. Emerging Growth Fund**	_____	_____	_____
• Equitable Life Templeton Growth Fund	_____	_____	_____
• Equitable Life Trimark Europlus Fund**	_____	_____	_____

THE TOTAL OF ALL INVESTMENT OPTION PERCENTAGES UNDER EMPLOYER, MEMBER AND MEMBER VOLUNTARY MUST EACH ADD UP TO 100%.

Note: I understand that the investment performance of Segregated Funds is not guaranteed. I further understand that I must notify Equitable Life of Canada® in writing if I wish to change my investment instructions.

Note: *Funds available only to plans issued prior to September 30, 1994. **Funds not available to plans that terminated prior to September 1, 2006.

Signatures

Signature of Member: _____ Date: _____
(day) (month) (year)

Signature of Plan Sponsor: _____ Date: _____
(day) (month) (year)

For Head Office use only

Processed by: _____ Date: _____
(day) (month) (year)